

Claims-2-Payer™ System

The **CLAIMS-2-PAYER™** system extracts data from your claims system and formats it for delivery of claims information to payers. Using our **DaFoDiL®** data format description language, the **CLAIMS-2-PAYER™** system provides an easy means of complying with each payer's unique interpretation of HIPAA 837 specifications, NSF or their own proprietary encounter formats.

The **CLAIMS-2-PAYER™** system is approved for Submission to:

- **Blue Cross of California**
 - **Blue Shield of California**
 - **Care1st Healthplan**
 - **Health Net of California**
 - **Molina Healthcare**
 - **Blue Cross Blue Shield of Massachusetts**
 - **Tufts Health Plan**
 - **DDD**
 - **PacifiCare**
 - **Cigna**
 - **Aetna**
 - **Sharp**
 - **MDCare**
- Call for the current list**

The **CLAIMS-2-PAYER™** system provides the following benefits:

- Complete **Gap** analysis
- All interfaces are completely tested against payer's requirements
- Multiple formats to handle all payers
- Edit files based on extensive data checking
- Validation specific to the payer
- Data translation
- Store payer-specific data either in your system or in the Claims-2-Payer™ system
- Batch Control information reporting
- User-controlled data extraction so you get the claims you need
- Data extraction kept separate for each payer
- Use editor for resubmitting rejected data
- Simple and easy to use
- Generate 837 output from non-837 input

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